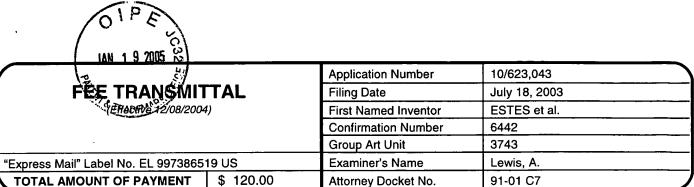
PETITION FOR EXTENSION OF	TIME UNDER 37 C.F.R.	§ 1.136(a)	Atty. Docket N	lo. 91-01 C7			
	Inventor(s): ESTES et a	 al.					
OIPE	Appln. No.: 10/623,043		Conf. No.: 6	6442			
	Filed: July 18, 2003						
JAN 1 9 2005 33	Title: Sleep Apnea Treatment Apparatus						
	Examiner: Lewis, A.		Group Art Unit: 3743				
MADRIADY	Express Mail Label No. (if applicable): EL 997386519 US						
This is a request under the pro- response in the above identified The requested extension and a	ed application. appropriate non-small-e			_			
<u>December 21, 2004</u> are as foll (check time period desired)	ows:						
One month - 37 C.F.	R. § 1.17(a)(1)		\$ 120.00				
Two months - 37 C.F	F.R. § 1.17(a)(2)		\$				
Three months - 37 C	.F.R. § 1.17(a)(3)		\$	_			
Four months - 37 C.F	F.R. § 1.17(a)(4)		\$	_			
Five months -37 C.F.	.R. § 1.17(a)(5)		\$	_			
Less the previous extension fe present application subsequer			, which were	filed in the			
	Fee Transmittal Form Attached. (Submit original and a duplicate for fee processing)						
A check covering the	A check covering the amount due of \$ is enclosed (check no).						
	The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.						
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.							
I am the assignee of record	d of the entire interest.						
applicant.							
attorney or agent of record.							
attorney or agent acting under 37 C.F.R. § 1.34(a), Registration No. 35,174							
January 19, 2005		Muchael	h Han				
Date		S	ignature				
			Michael W. Haas	S			
			Typed Name				



	METHO	D OF PAY	MENT					EEE CA	I CUI ATION (continued)	
METHOD OF PAYMENT		FEE CALCULATION (continued)								
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:			3. APPLICATION SIZE FEE							
Deposit Account 50-0558			If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S. C. § 41(a)(1)(G)							
Number Deposit Respironics, Inc.			and 37 C.F.R. § 1.16(s). Total Extra Number of each additional Fee(\$) Fee							
Account Name			<u>Sheets</u> -	<u>She</u> 100 =	<u>eets</u> /50		<u>ction thereof</u> (round up to a whole number) X 25 <u>0</u> =	Paid(\$) : 0.00		
Charge any additional fee required under 37 forth in 37 C.F.R. § 1.18		4. ADDITIONAL FEES								
		Large	Entity	Small	Entity	Fee Description	Fee Paid			
1.19 and 1.20			Fee Code	Fee (\$)	Fee Code	Fee (\$)	•			
2. Payment Enclosed:			1051	130	2051	65	Surcharge - late filing fee or declaration			
Check (Check No)			1811	100	1811	100	Certificate of Correction			
	<u> </u>			18/2004)	4040	0.500	4040	0.500	For the contract of the contra	
FEE CALCULATION (fees effective 12/08/2004) 1. BASIC FILING, SEARCH, AND EXAM FEES			1812 576	2,520 25	1812 576	2,520 25	For filing a request for reexamination Additional filing receipt, duplicate or corrected			
I. BASIC FI	•	EARCH, AI	ND EXAM	FEES					due to applicant error Extension for response within first month	120.00
Appin. F	iling	Search	Exam		1251 1252	120 450	2251 2252	60 225	Extension for response within second month	120.00
	ee(\$)	Fee(\$)		Fees Paid					·	
,	300	500	200		1253	1,020	2253	510	Extension for response within third month	
	200	100	130		1254	1,590	2254	795 1,080	Extension for response within fourth month Extension for response within fifth month	
	200	300	160		1255 1401	2,160 500	2255 2401	250	Notice of Appeal	
	300	500 0	600 0		1401	500	2402	250	Filing a brief in support of an appeal	
Provisional	200	U	U		1403	1,000	2403	500	Request for oral hearing	
		UBTOTA	Las E	0.00	1452	500	2452	250	Petition to revive unavoidably abandoned	
2 01 1110									application Petition to revive unintentionally abandoned	
2. CLAIMS		Extra Claim:		n <u>Fee Paid</u>	1453	1,500	2453	750	application	
Total Claims	<u> </u>	_* ;	x 50 =		1501	1,400	2501	700	Utility issue fee (or reissue)	
Ind. Claims		<u> </u>	x 200 =		1502	800	2502	400	Design issue fee	
Multiple Dependent Claims add 360 =			1814	130	2814	65	Statutory Disclaimer			
* Enter Highest Number Previous Paid For			1460	130	1460	130	Petitions to the Director			
Large Entity Small Entity Fee Description Fee (\$) Fee (\$)			1807	50	1807	50	Petitions related to provisional applications			
1202 50	-	-	n excess of	20	1806	180	1806	180	Submission of Information Disclosure Stmt	
1201 200	2201 1	00 Independ of 3	dent claims	in excess	8021	40	8021	40	Recording each patent assignment per property (times number of property)	
1203 360	2203 18	30 Multiple	dependent	claim	1801	790	2801	395	Request for Continued Examination	
1204 200	2204 1		independer jinal patent	nt claims	1504	300	1504	300	Publication Fee	
1205 50	2205 2	25 Reissue		cess of 20 tent	Other Fee	(specify) _			•	
	S	SUBTOTA	L (2)	0.00	1				SUBTOTAL (3)	120.00
<u> </u>									**************************************	
SUBMITTE	ED BY				-					
H		1								

SUBMITTED BY			•		
Typed or Printed Name	Michael W. Haas			Reg. Number	35,174
Signature	Michael W. Hau	Date	January 19, 2005	Deposit Account Number	50-0558